**Access to safe water and sanitation**

*280. SHRI R.P. GOENKA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of people who have access to safe water and sanitation;

(b) the number of people are exposed to various diseases because of lack of access to these facilities;

(c) the number of people who die every year from such diseases; and

(d) the preventive measures that Government have taken/propose to take?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) to (d) Water supply and sanitation is a State subject. It is the primary responsibility of the State Governments and its implementing agencies to plan, design, implement, operate and maintain water supply and sanitation schemes. The Government of India supplements the efforts of the State Governments through various Schemes.

Based on information furnished by various States and Union Territories, about 89% and 60% of urban population has access to water supply and sanitation facilities respectively. As regards rural areas, out of a total number of 14.23 lakh rural habitations, 14.08 lakh habitations are either fully or partially covered with drinking water facilities, as on 14.2.2003. It is estimated that 20 per cent of the rural population has access to sanitation facilities as on 1.4.2002.

While information regarding number of people exposed to various diseases due to lack of safe water and sanitation facilities is not centrally maintained, the details of number of cases and deaths due to water borne diseases during 2000 and 2001 are as follows:—

| Year | Cholera | | Acute diarrhoea disease | | Enteric Fever | | Viral Hepatitis | |
|---|---|---|---|---|---|---|---|---|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| 2000 | 3879 | 18 | 8870507 | 2918 | 471502 | 390 | 153034 | 1038 |
| 2001 | 4178 | 6 | 9239783 | 2729 | 482863 | 550 | 146047 | 1067 |

The Government is aware that the environmental conditions like unsafe drinking water and unhygienic sanitation are significant determinants of health risk, contributing to the burden of diseases. The National Health Policy, 2002, envisages that the independently stated policies and programmes of the environment related sector be smoothly interfaced with the programmes of health sector in order to reduce health risk to the citizens and consequential disease burdens. In order to strengthen surveillance activities and prevention and control of communicable diseases including water borne diseases, a central health programme, namely "National Surveillance Programme for Communicable Diseases (NSPCD)" has been launched in 1997. The programme is in operation in 101 districts all over the country. The National Institute of Communicable Diseases (NICD) is the nodal agency for this programme. An integrated disease surveillance programme is envisaged during the Tenth Plan.

National Institute for Cholera and Enteric Diseases, Kolkata, under the Indian Council of Medical Research (ICMR), renders support for investigation of diarrhoeal disease outbreaks occurring in different parts of the country. It provides guidelines for control and prevention of future outbreaks.

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## WRITTEN ANSWERS TO UNSTARRED QUESTIONS

### Cultivation of tea in Uttaranchal

†1852. SHRI HARISH RAWAT: Will the Minister of COMMERCE AND INDUSTRY be pleased to state:

(a) the total area in Uttaranchal in which tea is cultivated;

(b) whether it is a fact that great possibilities are existing in the State for production of high quality tea;

(c) if so, whether Government propose to provide special assistance to the State Government for renovation and improvement of tea gardens; and

(d) if so, the details thereof?

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†Original notice of the question was received in Hindi.